



Decatur County Health Department

801 N. Lincoln St. Greensburg, IN 47240

Phone: 812-663-8301 Fax: 812-663-4174

Please send this form along with your payment on or before January 1, 2013. If you are requesting tax exempt status, please submit a copy of your 501 c 3. Fill out this form as you want it to appear on your permit. **An incomplete form will not be processed for a permit.** A late fee may be assessed at \$20 for every 45 days in addition to the permit fee. Please enclose a copy of your entire menu.

2013 Annual Food Service Permit Application

Valid from January 1st - December 31st 2013

Please check one: ☐ Yearly Renewal ☐ New ☐ Temporary

Name of Establishment: _____

Type of Business: ☐ Bed and Breakfast ☐ Retail Food ☐ Temporary ☐ Mobile

Operated By: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other _____

Physical Address: _____

Mailing Address: _____

Email Address: _____ Website: _____

Establishment Phone: _____ Fax: _____

Name of Owner: _____ Telephone: _____

Mailing Address of Owner: _____

Name of Person in Charge: _____ Title: _____

Person in Charge has the oversight of a zone, district or region.

Telephone (Person in Charge): _____ Telephone (Operator): _____

Name of Operator: _____ Title: _____

Operator has oversight of the preparation or serving of food at the establishment.

Name of Certified Food Handler(s): _____ Date of Exam _____

By signing this application, I assert that all information given is accurate and gives allowance to the Decatur Health Official full access of indicated establishment.

Signature of Applicant(s): _____

Printed Name of Applicant(s): _____

Permit Fees

Permits are \$40 for all Bed and Breakfast, Retail Food and Mobile Permits.

Temporary Permits are \$15 and **must be submitted to the health department 7 days prior** to the event to ensure a permit will be issued. Failure to secure a permit may prevent operation at the event.

Make all checks and money orders to the Decatur County Department of Health.

For Temporary Food Permits: Event: _____ Date(s) _____

Set-Up Time: _____ Times of Operation: _____